



**Community & Economic Development
Planning & Redevelopment**
2200 Civic Center Place, Miramar, FL 33025
Tel: (954) 602-3264
<http://www.miramarfl.gov/>

INSTRUCTIONS

- ☒ Please print or type all information. The application must be filled out accurately and completely. Answer all questions. If an item does not apply, write N/A (Not Applicable).
- ☒ Attach a separate sheet that includes all the legal description including plat information, if needed.
- ☒ Attach a separate sheet that includes Project Narrative(s).
- ☒ To validate this application, we require proof of ownership of any of the parcel(s) mentioned under "All Tax ID Folio Numbers" in Page 2. Please submit a copy of the warranty deed or tax folio information.

APPLICATION FOR DRC/CAB

Please select all that apply

<input checked="" type="checkbox"/>	APPLICATION TYPE	APPLICATION NO.
<input type="checkbox"/>	Abandonment/Vacation of Right-of-Way or Easement	
<input type="checkbox"/>	Community Appearance Board	
<input type="checkbox"/>	Comprehensive Plan Text Amendment	
<input type="checkbox"/>	Conditional Use	
<input type="checkbox"/>	Development Agreement	
<input type="checkbox"/>	Flex/Reserve Units	
<input type="checkbox"/>	Land Development Code Amendment	
<input type="checkbox"/>	Land Use Plan Map Amendment	
<input type="checkbox"/>	Plat / Plat Exemption / Plat Waiver	
<input type="checkbox"/>	Plat Note Amendment	
<input type="checkbox"/>	Rezoning	
<input type="checkbox"/>	Site Plan / Site Plan Amendment	
<input type="checkbox"/>	Telecommunications Site Plan	
<input type="checkbox"/>	Variance / Cure Plan	
<input type="checkbox"/>	Extension / Continuance Request	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	ESCROW	

APPLICATION FOR CONSULTANT PLAN REVIEW SERVICES

APPLICANT hereby requests CITY to utilize the cost recovery plan/permit review services provided by Ordinance No. 97-39 of the City of Miramar, Florida. In electing the cost recovery procedure, the APPLICANT will benefit from an expedited review of the project application. The APPLICANT understands and agrees that APPLICANT will be responsible for all costs and expenses incurred by the CITY's consultant(s) in reviewing such project, plus a 10% administration fee and a 7% surcharge. A minimum initial deposit is required.

APPLICANT has deposited with the CITY the sum of \$_____, which shall be applied to the review cost and expenses incurred and which shall be replaced upon notice from CITY that such funds have been expended.

APPLICANT understands and agrees that any decision concerning compliance with any applicable codes and regulations is solely within and reserved to the authority of CITY employees and the City Commission, as provided by law. CITY reserves the right to review, modify and/or revise, in its sole discretion, any work performed by cost recovery consultants. APPLICANT understands and agrees that the above-referenced consultant shall work solely under the supervision and direction of CITY staff.

This document shall be executed by the owner and/or the agent who is financially responsible for the development application(s).

Please fill out this box once you have read and agreed to the terms specified on the section above.

Print Name: _____	Sign Name: _____
Title: _____	Date: _____

PROJECT DESCRIPTION

DEVELOPMENT/PROJECT NAME:

Development/Project Address:

Legal Description including Plat information (*attach separate sheet*)

All Tax ID Folio Numbers:

5

1

5

1

5

1

5

1

Residential Use(s)/Unit Type(s):

Site Area (sq. ft. & acres):

Number of Residential Units:

Existing Zoning Designation(s):

Non-Residential Use(s) (Type & sq. ft.):

Proposed Zoning Designation(s):

Current Use(s) of Property:

Existing Land Use Designation(s):

Proposed Use(s) of Property:

Proposed Land Use Designation(s):

PROPERTY OWNER INFORMATION

Name:

Signature:

Address:

Telephone:

Fax:

E-mail:

Proof of Ownership (Select One): Warranty Deed / Tax Record

NOTARIZATION

STATE OF FLORIDA/COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

AGENT & TEAM MEMBERS CONTACT INFORMATION

Select One: Agent / Tenant / Contract Purchaser

Signature

Name/Title:

Company

Telephone

E-mail

Name/Title:

Company

Telephone

E-mail

Name/Title:

Company

Telephone

E-mail